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CONFIRMATION NO. 9756

Bib Data Sheet

SERIAL NUMBER 10/064,032	FILING OR 371(c) DATE 06/04/2002 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. 15-DS-00560
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APPLICANTS

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** CONTINUING DATA ****

This appln claims benefit of 60/297,572 06/12/2001 *CLL*

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged <i>Carsten</i> <i>CLL</i> Examiner's Signature Initials				

ADDRESS

23446

TITLE

Ultrasound color characteristic mapping

FILING FEE RECEIVED 940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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